

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36795

STATE FILE NUMBER

FILED OCT 23 1957

Registration District No. 257 Primary Registration District No. 5290 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY Osage		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Osage	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR Crawford township Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY- OR TOWN Linn Inside Limits OR Linn Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At Home		Length of stay in lb 8 1/2 months	
3. NAME OF DECEASED (Type or print) First CHARLES Middle Last LITTON		4. DATE OF DEATH Month Day Year OCT. 14, 1957	
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 21, 1886
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming retired		9b. KIND OF BUSINESS OR INDUSTRY self employed	
10a. BIRTHPLACE (City and state or country) Linn, Mo.		11. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Henry Litton		14. MOTHER'S MAIDEN NAME Myra Byram	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 492 12 7074	
17. INFORMANT Russell Litton, Linn, Mo., R # 1		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arterio sclerotic heart disease DUE TO (c) Congestive failure PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a). 4200		INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION Linn		COUNTY STATE	
21. I attended the deceased from 2-5-57 to 2-14-57 and last saw him alive on 2-14-57 Death occurred at 10:45 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Norman W. Baldwin D.O.		22b. ADDRESS Linn	
22c. DATE SIGNED 10-16-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Oct. 16, 1957	
23c. NAME OF CEMETERY OR CREMATORY Linn Public Cemetery		23d. LOCATION (City, town, or county) (State) Linn, Mo.	
24. FUNERAL DIRECTOR ADDRESS Morton Funeral Home, Linn, Mo.		25. DATE RECD. BY LOCAL REG. Oct 17-1957	
26. REGISTRAR'S SIGNATURE T. H. [Signature] Linn Mo.			

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

by me, or by

Student Embalmer No.

working under my personal supervision.

Student

Signature of Student Embalmer

Signed

Licensed Embalmer No. 411

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F

to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.